

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | KN | | 04-30-01 |
| O.I.P.E. CLASSIFIER | | 21 | 5/19/01 |
| FORMALITY REVIEW | MTB | 454 | 6/19/01 |
| RESPONSE FORMALITY REVIEW | SS | 373 | 04-23-01 |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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1620001
 0620001
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